GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA

UNSTARRED QUESTION NO:2362
ANSWERED ON:14.03.2008
HIGH MATERNAL MORTALITY IN WEST BENGAL
Barman Shri Hiten

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether maternal mortality rate is very high in West Bengal;

(b) if so, the steps taken by the Government;

(c) whether the Union Government proposes to check high maternal mortality rate in assistance with UNICEF and State Commission for women; and

(d) if so, the details thereof and the action taken thereon?

Answer

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY)

(a) As per Registrar General of India, the Maternal Mortality Rate (MMR) in West Bengal is 194 per 1,00,000 live births. The comparative figures of MMR in the major States of the country are annexed.

(b) The National Rural Health Mission (NRHM) launched by the Government of India in the year 2005, in order to improve the availability and access to quality health care, including services for Immunization and Safe Motherhood seeks to provide effective health care to rural population, throughout the country with special focus on 18 States with weak public health indicators and/or weak infrastructure.

In order to bring about a reduction in MMR, the Government of India is implementing the following key interventions all over the country including the State of West Bengal:

Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community including pregnant women; operationalizing Community Health Centers as First Referral Units (FRU) and 50% of all Primary Health Centers for providing 24X7 delivery services by 2012; augmenting the availability of Skilled Manpower by means of different skill based trainings such as Skilled Birth Attendant Training, Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets; organizing of Village Health & Nutrition Day at Anganwadi center; supplementary nutrition to pregnant and lactating women under the ICDS scheme; Implementation of Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, including District Hospitals, CHCs and PHCs to improve quality of services by providing infrastructure, equipment and specialist man-power; Strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery; Setting up of Rogi Kalyan Samitis (Hospital Management Committees) at District Hospitals, CHCs and PHCs; Setting up of Village Health and Sanitation Committees at village level.

(c)&(d) All development partners, supporting the Reproductive and Child Health (RCH) Programme, including United Nations Children's Fund (UNICEF), have agreed in principle to move towards a programme approach under the common framework of the Reproductive and Child Health (RCH) II Programme.